

Benefit	Aetna® NJEHP		GSHP	
	In network	Out of network	In network	Out of network
Medical network	Aetna Choice® POS II		Aetna Whole Health SM NJ (AWH NJ) – NJ only	
Deductible				
Individual	None	\$350	None	\$350
Family	None	\$700	None	\$700
Coinsurance	10%	30%	10%	30%
Maximum out-of-pocket limit				
Individual	\$500	\$2,000	\$500	\$2,000
Family	\$1,000	\$5,000	\$1,000	\$5,000
Doctors' office visits: primary care physician selection not required				
Primary care office visit	\$10	30% after deductible	\$10	30% after deductible
Specialist office visit	\$15	30% after deductible	\$15	30% after deductible
Diagnostic procedures				
Freestanding lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging	\$0	30% after deductible	\$0	30% after deductible
Hospital care				
Inpatient admission	\$0	30% after deductible	\$0	30% after deductible
Outpatient department services/surgery	\$0	30% after deductible	\$0	30% after deductible
Emergency care				
Emergency room	\$125	\$125	\$125	\$125
Ambulance	10%	30% after deductible	10%	30% after deductible
Urgent care	\$15	30% after deductible	\$15	30% after deductible
Other services				
Acupuncture	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory	\$15	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$15	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	Based on medical necessity		Based on medical necessity	
Chiropractic care	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum per calendar year		30-visit maximum per calendar year	
Durable medical equipment	10%	30% after deductible	10%	30% after deductible
Out-of-network reimbursement	200% of CMS		200% of CMS	

- INN cost = in-network cost
- No coverage outside of NJ for the GSHP except for emergency services.
- Retiree plan options are available at [NJ.gov/treasury/pensions/hb-retired-shbp.shtml](https://nj.gov/treasury/pensions/hb-retired-shbp.shtml).
- This is not a complete list of covered services. Exclusions and limitations apply to some services. Visit [NJ.gov/treasury/pensions/member-guidebooks.shtml](https://nj.gov/treasury/pensions/member-guidebooks.shtml) for more information.

Freedom 10 – employees hired prior to 7/1/2020			Freedom 15 – employees hired prior to 7/1/2020		
Benefit	In network	Out of network	In network	Out of network	
Medical network	Aetna Choice® POS II		Aetna Choice® POS II		
Deductible					
	Individual	None	\$100	None	\$100
	Family	None	\$250	None	\$250
Coinsurance		10%	20%	10%	30%
Maximum out-of-pocket limit					
	Individual	\$400	\$2,000	\$7,560	\$2,000
	Family	\$1,000	\$5,000	\$15,120	\$5,000
Doctors' office visits: primary care physician selection not required					
Primary care office visit		\$10	20% after deductible	\$15	30% after deductible
Specialist office visit		\$10	20% after deductible	\$15	30% after deductible
Diagnostic procedures					
Freestanding lab/radiology/advanced imaging		\$0	20% after deductible	\$0	30% after deductible
Outpatient lab/radiology/advanced imaging		\$0	20% after deductible	\$0	30% after deductible
Hospital care					
Inpatient admission		\$0	20% after deductible	\$0	30% after deductible
Outpatient department services/surgery		\$0	20% after deductible	\$0	30% after deductible
Emergency care					
Emergency room		\$25	\$25	\$50	\$50
Ambulance		10%	20% after deductible	10%	30% after deductible
Urgent care		\$10	20% after deductible	\$15	30% after deductible
Other services					
Acupuncture		\$10	20% after deductible; lesser of \$60/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$60/visit or 75% of INN cost/visit
Short-term therapies: Physical, occupational, speech, respiratory		\$10	20% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy	\$15	30% after deductible for speech and occupational therapy; lesser of \$52/visit or 75% of INN cost/visit for physical therapy
PT/OT/SP limits	Based on medical necessity			Based on medical necessity	
Chiropractic care		\$10	20% after deductible; lesser of \$35/visit or 75% of INN cost/visit	\$15	30% after deductible; lesser of \$35/visit or 75% of INN cost/visit
Chiropractic limits	30-visit maximum per calendar year			30-visit maximum per calendar year	
Durable medical equipment		10%	20% after deductible	10%	30% after deductible
Out-of-network reimbursement	90% of FAIR Health national			90% of FAIR Health national	

• INN cost = in-network cost

Visit AetnaStateNJ.com or call 1-877-782-8365 (TTY:711) for more information.

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